AETC AIDS Education & Training Center Program Mountain West

Low-Barrier Care (LBC) Models for HIV Prevention and Treatment

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Disclosures

No disclosures

Data Considerations

Data in this presentation offer a limited perspective of how systemic, social, and economic factors impact health. We recognize that racism, not race, creates and perpetuates health disparities.

To Learn More:
https://www.cdc.gov/minorityhealth/racism-disparities

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Objectives

- Review a status-neutral approach to HIV prevention and treatment
- Discuss how differentiated service delivery can be adapted for HIV in the US
- Discuss the elements of low-barrier care
- Describe low-barrier care models for HIV treatment for PWH
- Review the experience in implementing status-neutral low-barrier care in Seattle

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Frameworks that Inform Low-Barrier Care:
Status Neutral Care and Differentiated Service Delivery

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The Need for Status Neutral Approach for HIV

- Robust interventions in the HIV prevention and treatment toolkit exist to end the HIV epidemic
- Multiple barriers and social factors block people from benefits of these interventions

Examples:

- Siloed, redundant, or difficult to navigate services
- Social and mental health support services often missing or under-resourced in HIV prevention and treatment care settings
- Stigma and biases related to HIV or STI clinic settings or from providers

Myers et al. OFID 2018.
CDC. Issue Brief: Status Neutral HIV Care and Service Delivery. Nov 2022

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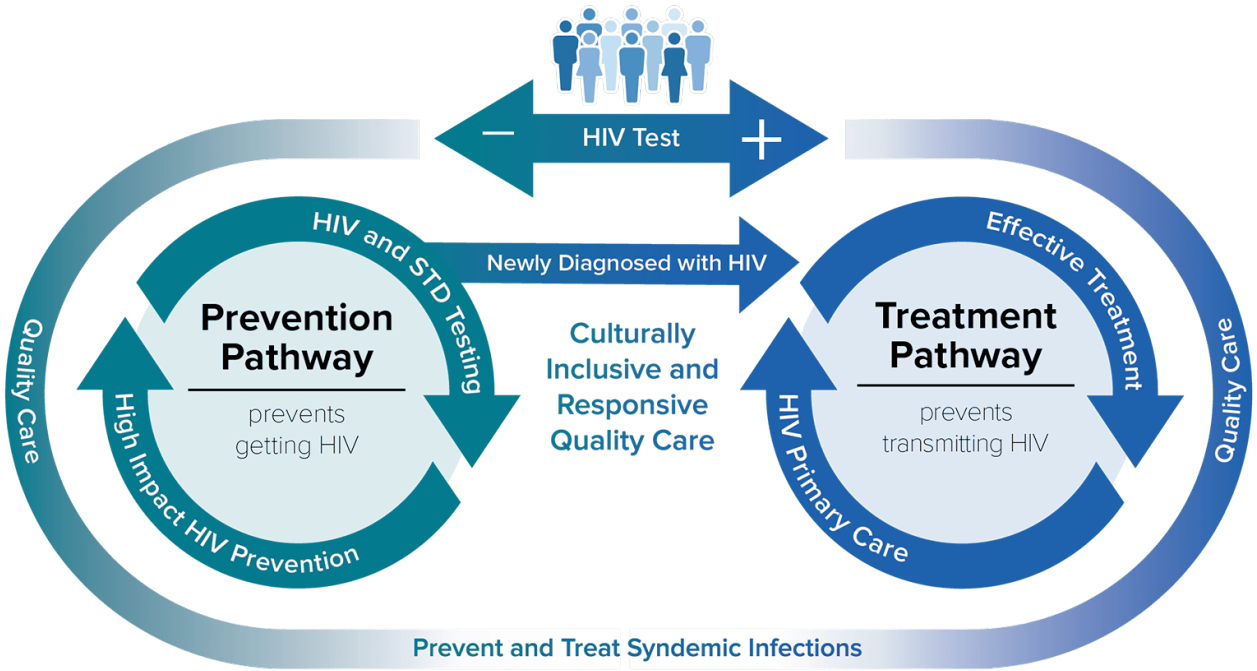
Status Neutral HIV Prevention and Care

People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs), and supportive services to stay HIV negative.



People whose HIV tests are positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

Myers et al. OFID 2018

CDC. Issue Brief: Status Neutral HIV Care and Service Delivery. Nov 2022.

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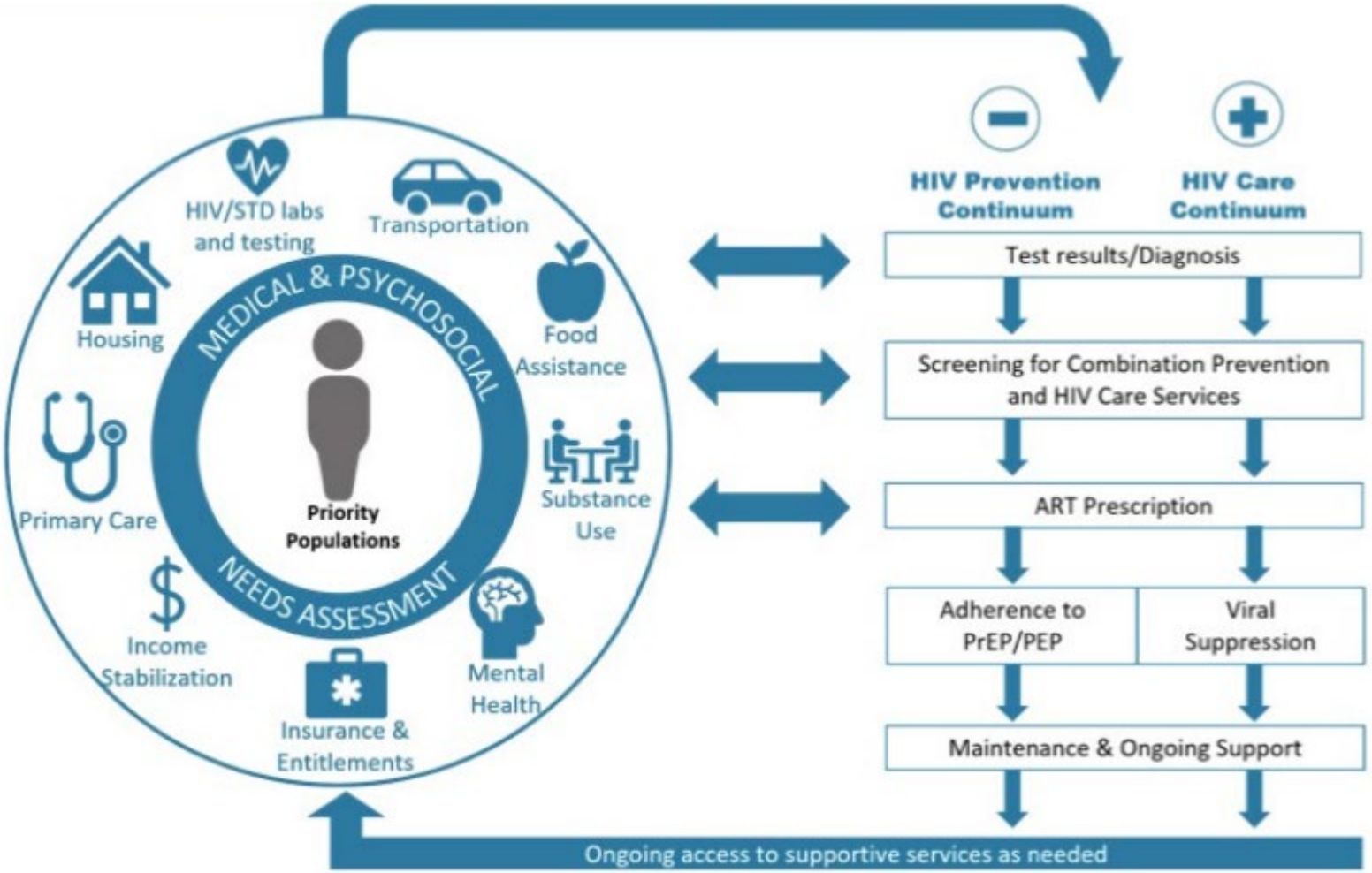

CDC. Effective Interventions: Status Neutral HIV Prevention and Care. Mar 2023.
TargetHIV: TAP-in Library. Status Neutral Approaches NYC, Texas, and Detroit. Jan 2022.

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Aims for Status Neutral Care

- Person-centered, “whole-person”, respecting autonomy and person’s health goals
- Improves health equity and reduce disparities
- Improves accessibility for services
- Reduces stigma and biases
- Creates efficiencies
- Decreases new HIV infections

CDC. Effective Interventions: Status Neutral HIV Prevention and Care. Mar 2023.

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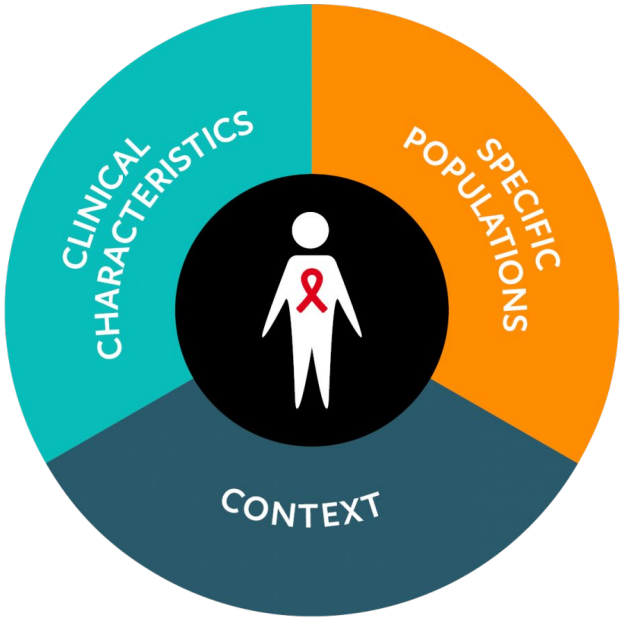
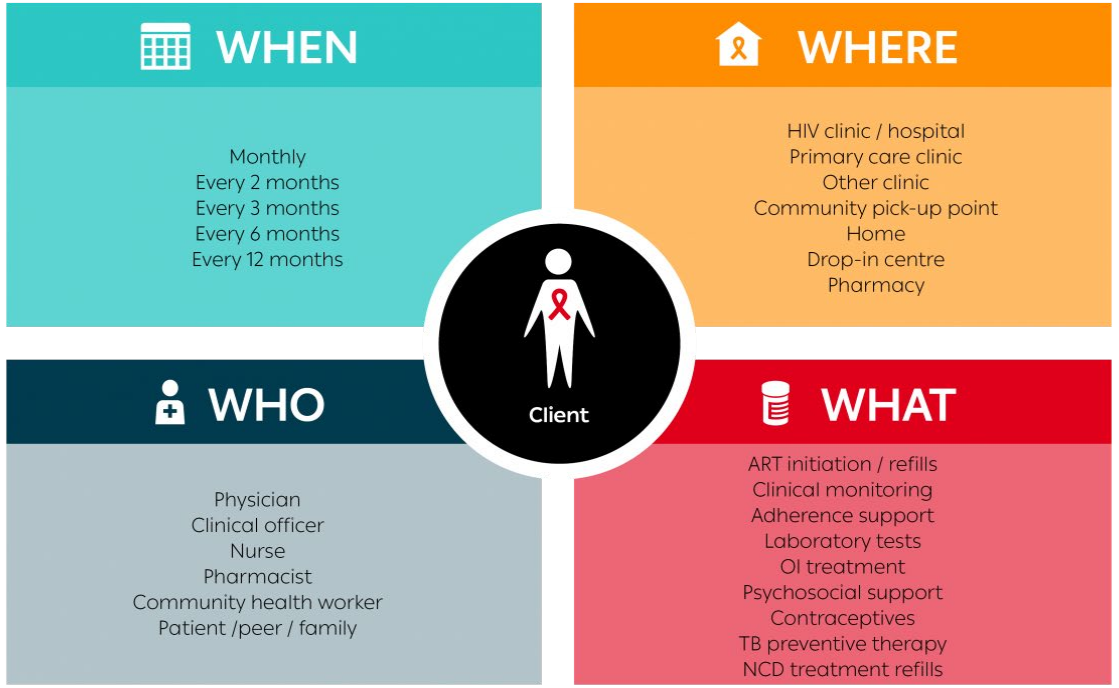
Differentiated HIV Service Delivery: The Global Experience





- Client-centered
- Adapts services to the needs of patients rather than "one size fits all" approach
- Essential elements to be considered in creating DSD model, modified by "building blocks"
- Reduces burden on the healthcare system with more efficient resource allocation

https://www.differentiatedservicedelivery.org/getting-started/

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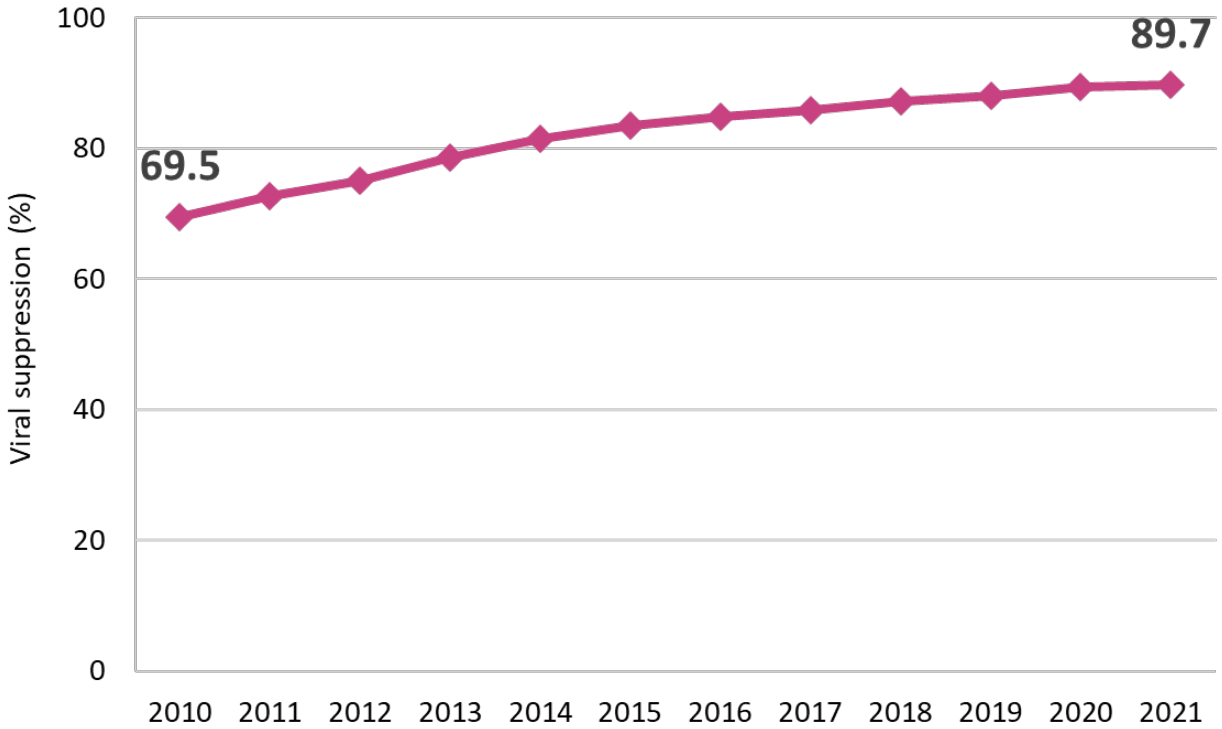
Differentiated Care: US

Viral suppression among Ryan White Clients, 2012-2021



2021 Ryan White HIV/AIDS Program Services Report

- Existing system is working well for most patients...but we need something different for highest need patients
- Tiered service strategy needed to match spectrum of support need among patients

Slide Credit: Dr. Julie Dombrowski

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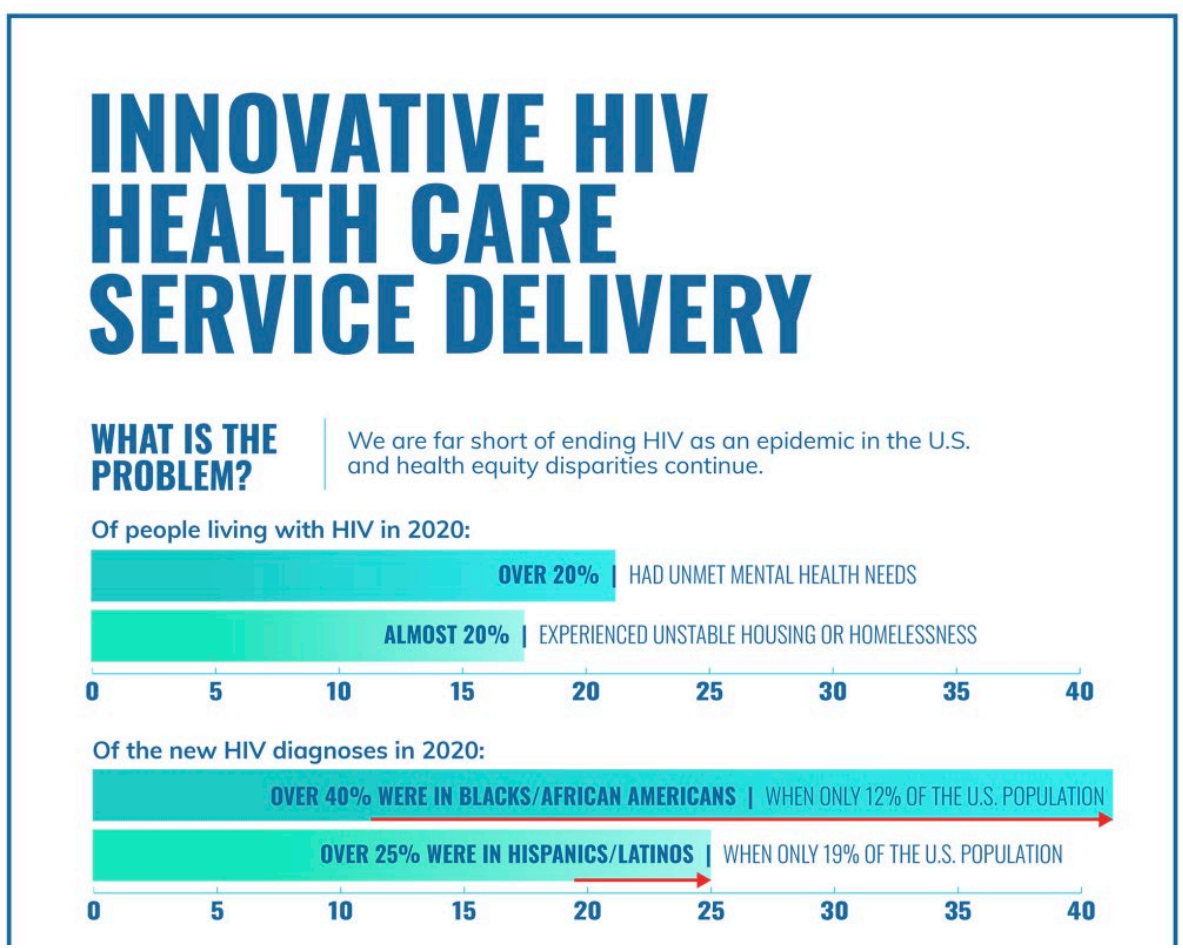
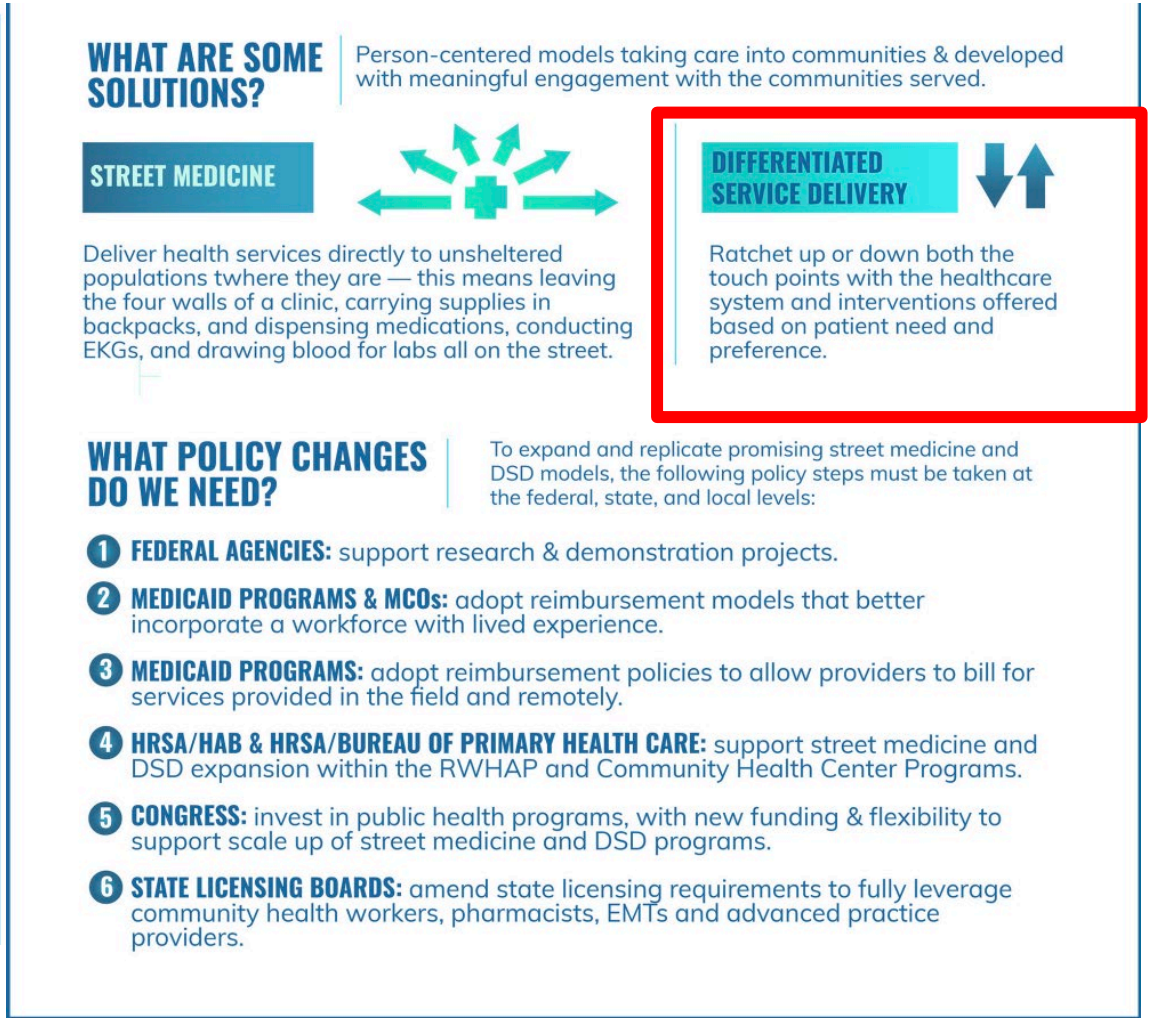
Differentiated Service Delivery (DSD) for HIV Care





Innovative Service Delivery. HIVMA 2023.

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Low Barrier Care for HIV Treatment

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Core Elements of Low-Barrier Care

Category	Component	Rationale	Examples
Structural elements	Walk-in access to care	Remove a central barrier to completing clinic visits	• All visits for medical care and case management available without scheduled appointments
	Integrated care team with case managers	Address social needs as a central component of care	• Case managers who get to know patients as individuals • Low-caseload medical case management support • Nonmedical case management
	? Incentives	Provide a tangible reward for engaging in care and help address patients' immediate needs	• Cash incentives for blood draws and viral suppression • Gift cards for groceries or other goods • Food, clothing, and hygiene items
Process-of-care elements	Low-barrier care philosophy	Adapting care goals to reflect individual patient priorities and abilities	• Streamlining care and shortening visits as needed • Harm-reduction approach to substance use • Sequencing interventions and minimizing medications for patients with multiple comorbid health conditions • Designing creative treatment plans when guideline-adherent care is not feasible • Minimizing specialty referrals with primary care providers expanding their scope of practice • Cultivation of a specialty network of providers willing to see patients on a walk-in basis
	Multisector coordination	Coordinate services with other agencies interfacing with patients	• Housing agencies • Jail release planners • Adherence support programs • Methadone treatment programs • Behavioral health programs
	Commitment to rapid modification	The low-barrier care intervention requires continual improvement to optimize the intervention and fit to the specific local context	• Pilot and iteratively improve based on experience • Incorporate feedback from patients and staff • Be willing to abandon plans that do not work as anticipated (eg, "graduation" to standard care) • Accept that all policies will require flexibility on a case-by-case basis

Dombrowski JC, CID 2023

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Evolution of Low Barrier Care in King County

MAX CLINIC
"Maximum Assistance"

MOD Clinic
"Moderate Needs"

Engage Health Kent

AURORA CLINIC

2015 2016 2017 2018 2019 2020 2021 2022 2023

SHE Clinic
SAFE, HEALTHY, EMPOWERED (S.H.E.) CLINIC

Engage Health Federal Way

MWAEIC

Context: Standard of Care (Madison Clinic)

- Madison Clinic at Harborview Medical Center: ~4,500 patients
  - Robust Ryan White-funded services
  - Social work team of ~20 (Only 2 elsewhere in Harborview clinics)
  - Health educator, patient navigator, nutrition, on-site specialty pharmacy
  - Specialists in ID, Psychiatry, Psychology, Dermatology, Neurology, Cardiology
  - Integrated MOUD and hepatitis treatment
  - Triage nurse & walk-in access for urgent care visits
- Same-day Medicaid enrollment in Washington State

Slide Credit: Dr. Julie Dombrowski

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The Max Clinic

- Walk-in care (AM and PM); 5 providers
- Operated in collaboration between Public Health- Seattle & King County, Washington State DOH, and Madison Clinic
- Located separately from Madison Clinic
- Criteria for enrollment:
  - Not on ART or virally unsuppressed at last measurement
  - Poorly engaged in HIV care
  - Failure to re-engage after outreach attempts

Table 1. Components of the Max Clinic That Differ From the Standard-of-Care Clinic Approach

Low-barrier access	• Walk-in access to medical care 5 afternoons per week • Walk-in access to medical and nonmedical case management 5 days per week • Text message and direct phone access to case managers
High-intensity support	• Case managers provide care coordination, navigation, and support[a] • Medical case managers have a low case load (~50 patients) compared with standard of care (~150 patients)
Incentives	• Food vouchers worth $10 up to once weekly • Snacks available at each visit • No-cost bus passes to provide unrestricted transportation support • Cell phones[b] • Cash incentives for visits with blood draws[c] • Cash incentives for viral suppression[d] (HIV RNA < 200 copies/mL)
Intensified care coordination	Case managers serve as primary contacts for patients, providers, and for coordination between Max Clinic and other agencies, including: • Release planning team in King County jails • Housing and mental health case management agencies • Day program with medication adherence support • Office-based opioid treatment nurse managers and methadone providers
Transitional care coordination	• Staff receive automated alerts when patients are seen in the emergency room or admitted to a hospital in the University of Washington Medicine system • Max Clinic staff work with inpatient medical teams to plan transition to outpatient care and day-of-discharge Max Clinic visit

Dombrowski JC et al. OFID 2019

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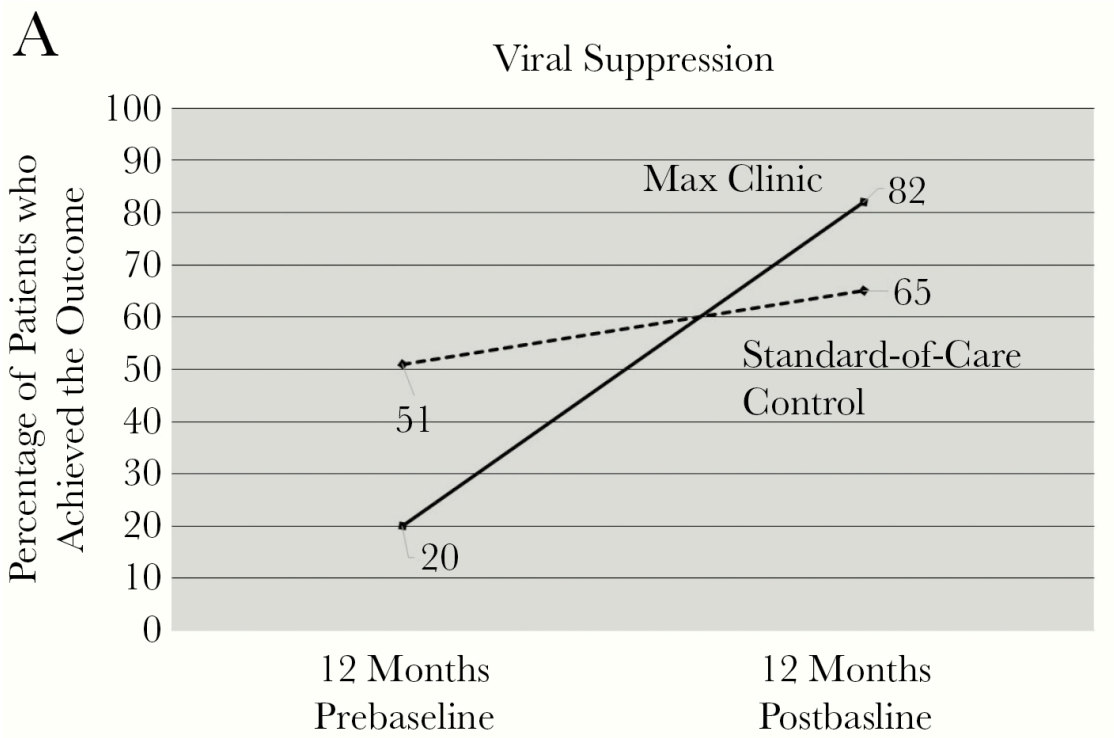
The Max Clinic

- High rates of **psychiatric illness** (78%), **methamphetamine use** (58%), **unstable housing** (64%), **prior incarceration** (68%)



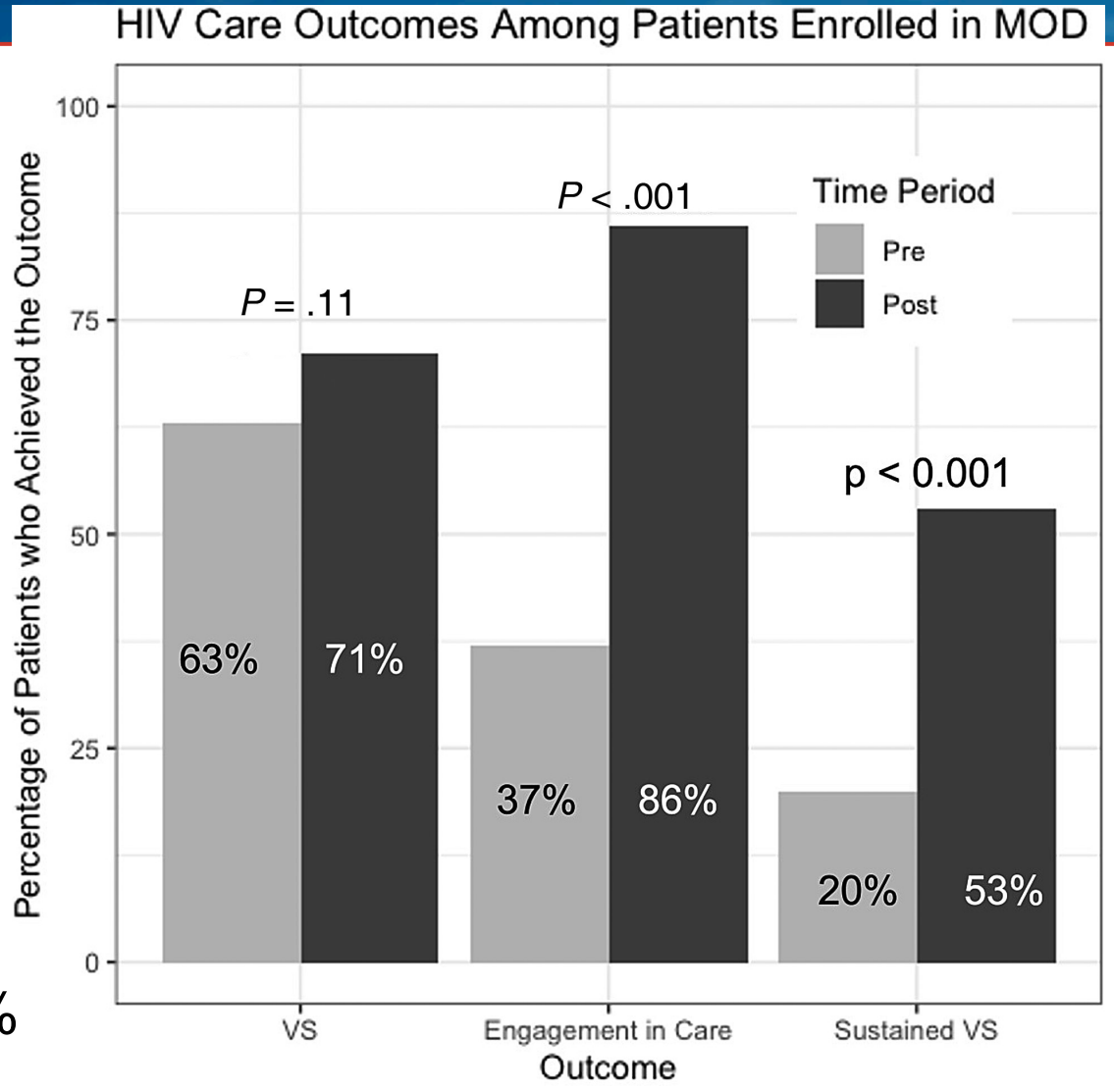
Adjusted analysis:

- ↑ VS in Max patients than control (**aRRR 3.2)**

Dombrowski JC et al. OFID 2019

The MOD Clinic

- Walk-in HIV primary care (PM) staffed by 5 providers; co-located with Madison Clinic; funded by Washington DOH
- Referral by SW, providers; based on incomplete engagement in care
- Onsite medical case management and pharmacy services, dedicated outreach coordinator, MOUD, drop-in mental health counseling
- High rates of **substance use** (64% w/meth use, 41% IDU), **psychiatric illness** (86%), **unstable housing** (52%), **prior incarceration** (45%)



Kumbhakar RG et al. OFID 2022

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The MOD Clinic

	MOD[a], n (%)				Comparison, n (%)				Between Group
Outcome[b]	Pre	Post	*P* value[c]	RR (95% CI)	Pre	Post	*P* value[c]	RR (95% CI)	aRRR[d] (95% CI)
VS	47 (70)	50 (75)	.7	1.06 (0.86–1.32)	424 (82)	386 (75)	<.001	.91 (.85–.97)	1.12 (.96–1.31)
EiC	29 (43)	52 (78)	<.001	1.79 (1.32–2.43)	264 (51)	329 (64)	<.001	1.25 (1.12–1.39)	1.29 (1.03–1.63)
Sustained VS	16 (24)	29 (43)	.01	1.81 (1.09–3.02)	192 (37)	253 (49)	.02	1.17 (1.01–1.36)	1.36 (.94–1.97)

- ↓ VS in comparison arm; no significant difference in MOD Enrolled
- ↑ Engagement in Care in both arms, 1.3x more likely in MOD Enrolled
- ↑ Sustained VS in both arms, not significantly different from comparison arm between groups

Kumbhakar RG et al. OFID 2022

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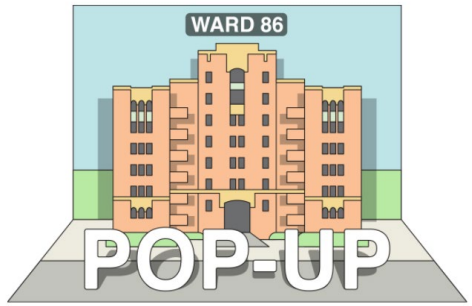
Other Examples of Low-Barrier Care for PWH



- UCSF, 2019
- Viral non-suppression, poor care engagement, and unstable housing
- Low-barrier primary care (MOUD, psych); care coordination; incentives; outreach
- 12 month VS post enrollment 44% (all non-suppressed at enrollment)

Imbert et al. AIDS 2022; Hickey at al. JID 2022

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Low Barrier Care using a Status Neutral Approach

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S.H.E. and Aurora Clinics

- Initial need: health care for female-identifying individuals living and working on N Aurora Ave in N Seattle, many who identify as sex workers
  - Focus on HIV and STI prevention and treatment
  - Needs assessment identified desire for full primary care
- Additional context: marked increase in new HIV diagnoses among heterosexual identifying individuals in 2018

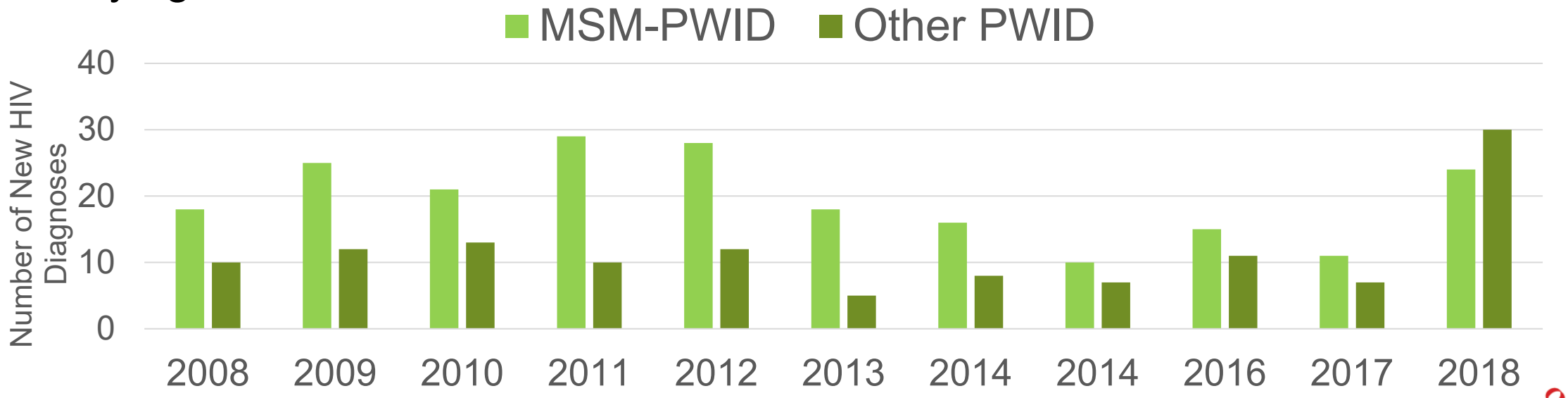

Figure credit: Dr. Maggie Green

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S.H.E. and Aurora Clinics

- Aurora Commons is a crucial partner providing a welcoming space, team, and relationships with the community
  - Clinic is co-located within the Aurora Commons day center for individuals without housing or experiencing housing instability
  - Non-medical case management, housing services, laundry, kitchen, hygiene
- Clients are individuals living or working on N Aurora Ave
  - S.H.E. Clinic for female-identifying individuals
  - Aurora Clinic expansion in 2021 opened services to all individuals
- Supported by EHE and WA DOH
- Multiple community partnerships: health systems (OB/GYN, ED), OTP, housing services, harm reduction supplies

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S.H.E. and Aurora Clinics

- Walk-in, integrated clinic model with primary care services and focus on prevention and treatment of HIV, STIs, and viral hepatitis with additional services including:
  - MOUD, basic mental health, and SU treatment referrals
  - Reproductive health, vaccinations, health screening, wound and foot care
  - Harm reduction supplies (e.g., clean kits, naloxone, fentanyl test strips, etc.)
  - Medicaid enrollment
  - Incentives
  - Telehealth
- Team: Madison MD, RN, SW, program coordinator + Aurora Commons Advocates/Team
  - Madison Clinic resources also available
- Status neutral, trauma, harm reduction informed care
- Study of early SHE Clinic patients showed decreased use of ED for non-emergent needs

Stewart et al. JAMA Network Open 2021.

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S.H.E. and Aurora Clinics

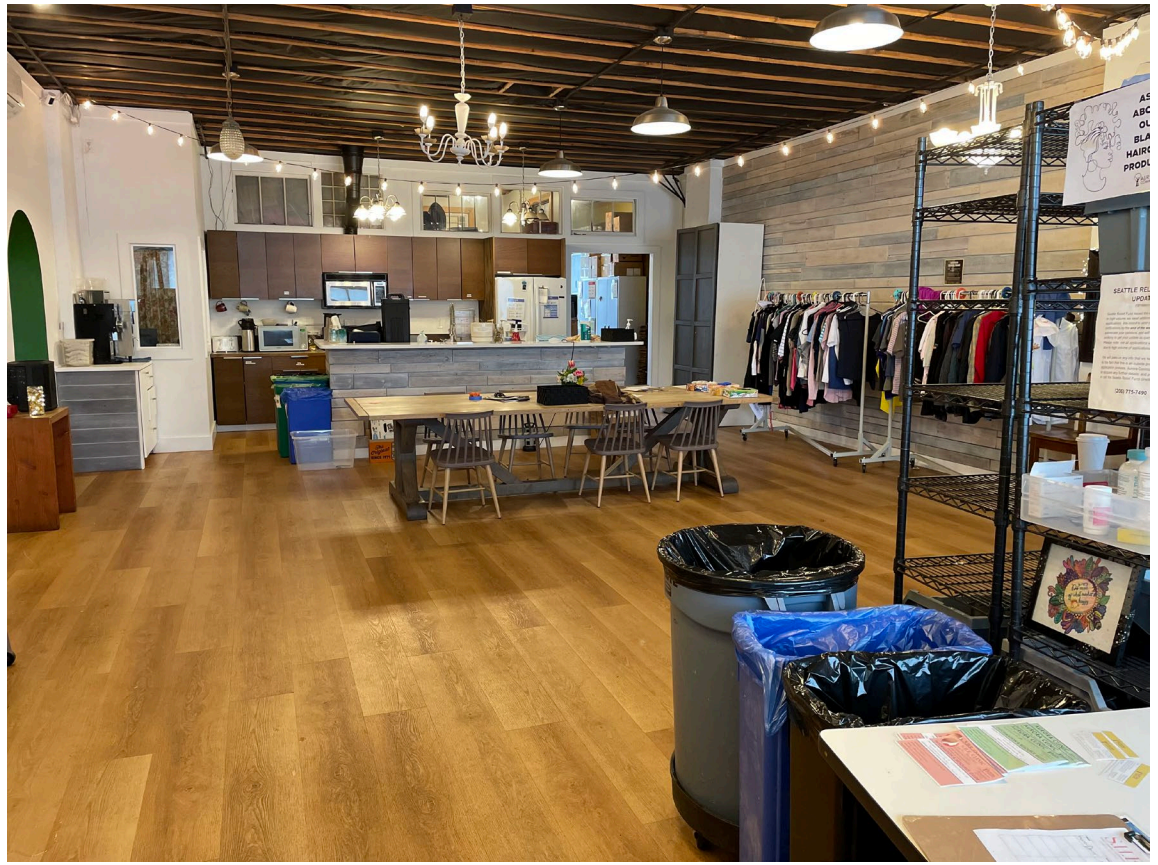

Photo credits: Dr. Maggie Green

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S.H.E. and Aurora Clinics

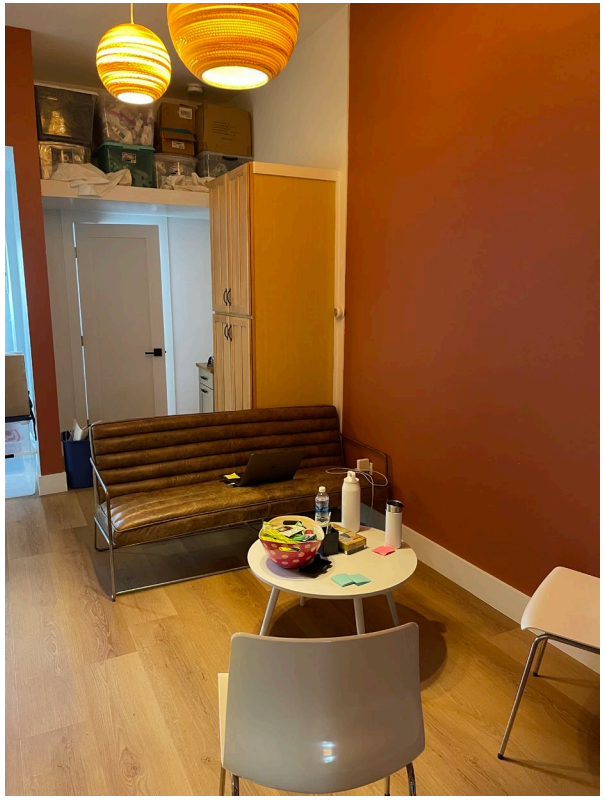

Photo credits: Dr. Maggie Green

Engage Clinics – Federal Way and Kent

- Need: most new HIV diagnoses have occurred in South King County over last few years, low coverage of HIV services in this area
  - Diverse demographics and lower income compared to other parts of King County
- Partnership between Harborview's Madison Clinic and OBOT Program with Catholic Community Services of Western Washington
  - Relationship with CCSWW has been crucial in building Engage Clinics
- Co-located at two day centers in South King County for individuals without housing or experiencing housing instability led by CCSWW
- Federal Way opened in 12/2022 and Kent is opening soon

PHSKC and WA DOH. HIV/ AIDS Epidemiology Report 2022.

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Engage Clinics – Federal Way and Kent

- Supported by EHE and SAMHSA
- Walk-in, integrated clinic model with similar focus, services, and structure as SHE and Aurora Clinics
  - CCSWW: non-medical case management, mental health program, housing, food, kitchen, laundry, hygiene
  - Additionally: Massachusetts model for office-based opioid treatment
- Status neutral, trauma, harm reduction informed care
- Many community collaborations: health systems (OB/GYN, EDs), CBOs, OTPs, mental health

LaBelle et al. J Sub Abuse Treatment 2016.

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Other Examples of Status Neutral Interventions

NYC Health

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

CDC. Issue Brief: Status Neutral HIV Care and Service Delivery. Nov 2022
TargetHIV: TAP-in Library. Status Neutral Approaches NYC, Texas, and Detroit. Jan 2022.

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Differentiated HIV Care in King County, WA, 2023

	Standard-of-care (Excellent!)	Low-Barrier	
Element	Madison	MOD Clinic	Max Clinic Aurora Clinic/SHE Clinic Engage Health – Kent Engage Health – Federal Way
Walk-in access to care		X	X
Integrated, high-intensity case management			X
Incentives			X
Low-barrier care philosophy		X	X
Cross-agency collaboration		X	X
Commitment to rapid modification			X

Coming soon: Mobile outreach & treatment team

Slide Credit: Dr. Julie Dombrowski

Summary

- Ending the HIV Epidemic requires novel, patient centered strategies
- Status neutral and DSD approaches to HIV prevention, treatment, and care centers on individual needs and aligning health resources to these needs
- Low-barrier care models can be successful in engaging patients with complex needs
- The Madison Clinic experience for low-barrier care highlights the necessity for wide spectrum of services and models adapted for local context

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Eve Lake
Hayley Yu
Nordia Shackleford
Madison Case Management

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Eve Lake
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Engage Clinics

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Engage OBOT

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Judith Tsui

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Catholic Community Services
Bailey-Boushay House
Harborview Medical Center

Funders

Washington State DOH
Ryan White HIV/AIDS Program
King County
EHE

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Low Barrier Clinic Talk

“Low-barrier Care as Part of Differentiated Service Delivery for People with HIV”

Wednesday May 17, 2023 at 12:00pm PT / 3:00pm ET

Speaker:
Julie Dombrowski
Associate Professor of Medicine at the University of Washington
Deputy Director of the Public Health for Seattle & King County's HIV/STD Program

Co-sponsored with RAISE and NASTAD

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